

Letters to the Journal

Letters are welcomed and will be published as space permits. Like other material submitted for publication, they should be typewritten, double-spaced, should be of reasonable length, and will be subject to the usual editing. The accuracy of statements of fact contained in these letters is the responsibility of the correspondent.

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TREATMENT OF CHRONIC SUPPURATIVE OTITIS MEDIA

To the Editor:

I would like to add an otologist's comment to Dr. William R. Galloway's interesting letter published in the issue of May 14 (*Canad. Med. Ass. J.*, 94: 1062, 1966).

Dr. Galloway recommends the use of Aerosol Polybactrin Powder for the treatment of chronic suppurative otitis media. I feel that attention should be drawn to the fact that chronic suppurative otitis media may be a sign of serious underlying disease and quote from an article by Colin M. Johnston (*Brit. Med. J.*, 1: 1091 [April 30], 1966), "Diagnosis and Treatment of Discharging Ears": "A major and important cause of chronic otitis media is cholesteatoma . . . the onset is insidious and the progress silent except for a persistent discharge . . . its importance lies in the risk of serious or possibly fatal complications from erosion of bone". He goes on to recommend "unless expert opinion has pronounced the ear to be 'safe' persistence of the discharge in the middle ear however scanty must be regarded as a potential source of danger. The absence of pain or a complaint of deafness is of no significance in this respect. . . ."

I am sure that Dr. Galloway is aware of these possibilities and I forward these comments for other practitioners less acquainted with the potential dangers of this condition.

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EARLY DEVELOPMENT OF LANGUAGE IN DEAF CHILDREN

To the Editor:

I note in the Provincial News section of the June 4 issue (*Canad. Med. Ass. J.*, 94: adv. p. 6, 1966) a reference to a project for the Early Development of Language in Deaf Children which is being launched by McGill University and the Royal Victoria Hospital. It is stated that "the type of program planned will be unique not only in Montreal, but in Canada. At present, very little work with such young children is being attempted anywhere."

We in the far west are delighted that at long last such a project should be undertaken even if it is on such an extremely modest scale. However, for the sake of accuracy it should be pointed out that similar work was first started at the Health Centre for Children in Vancouver, British Columbia, in 1948. Further impetus was given to this program in 1953 when the late Dr. Edith Whetnall from London, England, visited

Vancouver, and as a result of her visit a pilot project was started and case finding was instituted through the public health personnel for early diagnosis. In 1958 Dr. David Kendall joined in this work, and preschool classes were formed at Sunny Hill Hospital for Children in Vancouver in 1963. The first of these classes will graduate this year into the regular school system. The budget for the assessment and training of these children in the preschool stage is approximately \$100,000.

Perhaps those interested might like to consult a paper by Drs. Geoffrey Robinson, David Kendall and Kenneth Cambon published in *Pediatrics*, Vol. 32, p. 103, July 1963, entitled "Hearing Loss in Infants and Preschool Children".

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CHEST SURVEYS AND LUNG CANCER

To the Editor:

When radiographs of the chest taken in the year 1962-1963 were reviewed by the Tuberculosis Prevention Branch of the Department of Health for Ontario, and by the Gage Institute of the National Sanitarium Association, it was found that cancer of the lung had been recorded as a possible or probable diagnosis several hundred times.

A survey of 337 such cases was carried out by the Medical Advisory Committee of the Ontario Division of the Canadian Cancer Society, with the co-operation of the two organizations concerned (the Department of Health, Province of Ontario, and the National Sanitarium Association). Questionnaires were sent to the attending physicians and replies were received from 267, approximately 80%.

In 23 (8.6%) of the 267 replies, the attending physician reported that he did not know the current health of the patient after the survey film was reported, because the patient either had not returned to his office or had been referred by him to another doctor.

TABLE I.—QUESTIONNAIRE SURVEY OF 337 CASES IN WHICH LUNG CANCER WAS SUSPECTED FROM CHEST FILMS

Questionnaires sent to doctors	337
Definite diagnoses made	199
Individuals proved to have lung cancer	94 (47.3%)

The survey showed that, of the 337, a definite diagnosis had been made in 199, and 94 of these patients (47.3%) had lung cancer (Table I).

The age and sex of 76 of the 94 lung cancer patients are shown in Table II.